

**COMMUNITY PARTNERSHIP & RESOURCE DEVELOPMENT  
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***I. OVERVIEW***

Discuss the issues that are listed in the Charging Document. Specify the issues addressed by the group.

Using the identified strengths of the current system, the vision for partnership between families, communities and the state child serving agency reflects the total realignment of mission, values, and core beliefs. As a result community and state assets and resources, accountability, responsibility and decision making authority, policy and legislative issues must be assessed and redesigned.

Community Collaboratives, which are locally governed, are being recommended as the new context for melding together these strengths of families, friends, and informal support services combined with the assets of formal service providers. While the geographic scope of community will be defined by data (e.g. based on where the most children are served, where the services are not delivered in an equitable way), the ultimate defining must be done at the local level by the partners of the community.

In order to accomplish this, the culture of all participating organizations will sustain deep and extreme change. To make this change sustainable in organizational culture and practice, there will be ongoing investment in all areas of the Collaborative. These areas include team and family decision making, the use of outcome based data, evaluation and contracting, training, process improvement, infrastructure development and community capacity building

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***II. BACKGROUND***

Key Strengths of the existing system:

- Community assets and resources untapped by the system
- Community based social activities
- Partnership for Children
- Child Assessment Resource Teams (CART)
- Division of Developmental Disabilities
- Division of Youth and Family Services
- Regional Diagnostic and Treatment Centers
- There are some existing parent and family support groups
  - Family support organizations
  - Parents anonymous
- There are examples of local community based services
  - Mill Hill
  - Community Action Program

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- Partnership model
  - School based youth services program
  - Abbott Family Worker program
  - Mobile Response Unit
  - Substance Abuse Research Demonstration Project
- County/local Planning groups
  - Human Services Advisory County
  - County Interagency Coordinating Council
  - Youth service commission
- There is access to technology for asset mapping

Key Weaknesses of the current system that must be addressed:

- ◆ Training
- ◆ Size of current caseload
- ◆ Technology: data collection, analysis, utilization of data for management
- ◆ Funding and administrative structures are a disincentive to flexible services and partnerships; there are neither enough services nor flexibility
- ◆ Lack of attention to prevention philosophy and services
- ◆ DYFS overly responsible for the welfare of New Jersey's children

Key barriers that must be overcome in order to address the problems successfully:

- ◆ Staff limitations: hiring and retention, workloads, compensation, ability to promote, overtime compensation issues, linguistic capability
- ◆ Training: relevant new worker training, the absence of: thinking critically about partnerships and collaboration, cross agency training, clerical staff training, OJT to connect with classroom training, community organizing/development, team decision making, family group conferencing, etc.
- ◆ Networks: no incentive to build and sustain local networks, nor effort for collaborative service delivery for families and children
- ◆ Financial resources: money does not currently follow the needs of families; lack of organized fiscal effort to attract competent, committed staff; to support community revitalization projects; to fund data development, training, administrative/start up costs, technology; under-resourcing of state child serving agency
- ◆ Political will: unclear political will from legislative and executive branches; a disbelief that children and families are a top priority
- ◆ Public trust: loss of public trust in child welfare agency
- ◆ Policy: does not promote collaboration among agencies who have been unable or unwilling in the past; does not promote blended funding possibilities; current contracting policy and practice inhibits flexible individualized service plans

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- ◆ Schools: The educational system and schools and human services are not connected

**III. RECOMMENDED PRIORITIES OF ALL THE RECOMMENDATIONS THE WORK GROUP HAS COME UP WITH, WHICH 3-4 DOES THE GROUP VIEW AS THE MOST IMPORTANT, AND WHY?**

Priority	Why is it most important	Links to core/values/mission/vision/settlement agreement guiding principle
1. Develop local child serving community based collaborative which deliver services reflective of cultural, ethnic, language, and ability population requirements	Ensures that families receive culturally, responsive services in their own communities; that the community is a partner in supporting families and keeping children safe	Children and families are best served in a collaborative and strength-based system that invests resources to develop preventive and “front end” services.
2. Establishment of a Team/Family Decision Making Model	Ensures that families and communities are involved as partners in the decision making and case planning services	Families will be respected as partners in decision-making. Families identify their strengths and needs and then access effective services in their own communities.
<p>3. <b><u>State Level Agency</u></b></p> <p>A. Create a unified state level child serving agency</p> <ul style="list-style-type: none"> <li>◆ Includes representation from multiple governmental agencies</li> <li>◆ Represents a consolidation of those agencies under one governing body</li> <li>◆ Unified legislative and policy function</li> </ul> <p><b><u>B. Data Driven</u></b></p> <ul style="list-style-type: none"> <li>◆ Unified, integrated management information system that connects and supports state, community and provider functions</li> <li>◆ Outcome based contracting and service delivery</li> <li>◆ Resource identification and allocation</li> </ul>	<p>Ensure that the infrastructure supports the new elements of the community collaborative</p> <p>Ensure that services are delivered based on family centered outcomes and evidence based practice</p>	<p>The safety of every child is paramount.</p> <p>The Child Welfare System will be responsive, accountable, and focused upon continuous quality improvement.</p>

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<b>Priority</b>	<b>Why is it most important</b>	<b>Links to core/values/mission/vision/settlement agreement guiding principle</b>
<ul style="list-style-type: none"> <li>◆ Identification service delivery populations</li> <li>◆ Program evaluation</li> <li>◆ Shared service planning</li> <li>◆ Federal and local reporting</li> </ul> <p><b><u>Funding</u></b></p> <ul style="list-style-type: none"> <li>◆ Locally driven</li> <li>◆ Held to measurable family outcomes</li> <li>◆ Monitored at the state level</li> </ul>	<p>Ensure that services are based in the community and are individualized; that funding is flexible; that outcomes are family based</p>	<p>Children and families are best served in a strength-based system that invests resources to develop preventive and “front-end” services.</p>

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**IV. FINDINGS AND RECOMMENDATIONS IN PRIORITY ORDER – FOR EACH ISSUES ADDRESSED: (There should be several issues and each need to be flushed out in each of the following areas. The template will expand for each issue)**

**1a. Issue: Development of locally based community collaborative organizing structure supported by state funding.**

Findings about how things work now:

- ◆ Service provision is inconsistent across the state.
- ◆ Families and informal supports in communities do not have a major role/voice in service planning
- ◆ Current system promotes categorical funding.
- ◆ There is an overrepresentation of African America-0.0003 Twat8.05ACTIONS IN PR

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- ◆ Partnerships between the public child welfare agency, grassroots communities, and private providers can create an environment that supports families that are involved in the child welfare system.
- ◆ Connecting families to neighborhood and community sources of support strengthens them and enhances their ability to care for their children.
- ◆ The public child welfare agency recognizes distinct groups as community partners – including grassroots organizations and entities, contracted providers, faith based entities, and placement providers.

**Recommendation: Develop local child serving community based collaborative which delivers services reflective of cultural, ethnic, language and ability population requirements.**

- ◆ **Lead Responsibility:**  
DHS should issue an RFP for a planning grant for communities to establish a community/neighborhood collaborative
- ◆ **Target Date to complete:**  
The RFP for a Planning Grant should be issued within 60 days of the acceptance of this Plan by the Child Welfare Panel.  
The Planning Grant should be awarded within 6 months. Implementation of the plans of the chosen collaborative should occur within 12 months.
- ◆ **Data needed to monitor:**  
# of communities that have completed asset maps  
Community development activities  
15 communities identified for RFP process
- ◆ **Resources needed:**
  - ✓ Funding to support planning grants in at least 5 communities to start (eventually at least one collaborative should be developed in at least every county. Some urban areas may require several collaborative efforts in distinct neighborhoods.)
  - ✓ Funding to support development of community collaborative with an array of services in at least 5 communities to start. The following communities are suggested as good places to start to pilot the collaborative: Newark, Camden, Patterson, New Brunswick, Plainfield, and Salem County.
  - ✓ Technical assistance should be provided to communities to learn how to start up and maintain community collaborative.
  - ✓ Funding to sustain community collaborative including full time staff.
  - ✓ Adequate staffing of the public child welfare agency with staff dedicated to work with the collaborative both on building community capacity and on case management activities
  - ✓ State staff to sustain the community collaborative

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Major Strategies *(describe specific/concrete activities-actions)*

- ◆ Establish collaborative authority as a private not-for-profit organization with a clearly defined governing body and dedicated staff to organize the collaborative.
- ◆ Community collaborative includes input and representation of multiple agencies which intend to work together (childcare/preschool/head start providers, schools, after school organizations, school based youth services programs, juvenile justice/probation, courts, health care providers, mental health, substance abuse, developmental disabilities, child welfare agency, faith based organizations, domestic violence, consumers, residents, youth/youth representatives, natural helpers, public assistance, police, prosecutors, etc.). When possible the agencies would co-locate.
- ◆ Schools and educational systems are an integral part of each community collaborative.
- ◆ Current groups, meetings or efforts that are also coordinating bodies for child welfare will be brought into the collaborative, so that there is elimination in duplication of efforts/meetings.
- ◆ Define community at the local level/municipality according to data.
- ◆ Map formal and informal community assets and assess local needs.
- ◆ Engage in dialogue to determine community vs. state/governmental responsibilities for child protective services.
- ◆ Establish community outcomes which are complementary and interdependent with state level outcomes.
- ◆ Technical assistance and planning grants are obtained to learn how to start and maintain community collaborative.
- ◆ Geographic, demographic, transportation and other service needs are identified, as are indicators of child well being.
- ◆ Mentoring and coaching of staff are important elements of the collaborative and training should reflect that.
- ◆ Additional separate and **sustainable** funding would be identified and obtained for start up and administrative costs, facilities/space, technology and equipment for each collaborative.
- ◆ Collaborative would be responsible for the distribution and management of contracts.
- ◆ Communication plans (town hall/community forums) will be established to share the intention of the collaborative broadly and to ensure participation in decision making and planning.
- ◆ Collaboratives in the same region will be expected to communicate with each other about sharing resources.
- ◆ Collaboratives will provide a 24/7 response.
- ◆ Collaboratives are responsible for educating the community re: child abuse/neglect, the hotline and the notion of shared responsibility.

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- ◆ Services that are coordinated through the community collaborative are based on a “no reject- no eject” policy (i.e. unconditional care).

**1b. Community Collaboratives Need to Revitalize and continuously develop communities**

Findings about how things work now:

- ◆ Substance abuse, poverty, crime, unemployment, lack of housing and lack of health care are negatively impacting families and communities.
- ◆ Child welfare is isolated from the community, and not perceived as an agency engaged in change

Proposed Direction – from Best Practices

- ◆ Develop community capacity
- ◆ Involve residents and local entities in planning for the revitalization of their communities.

**Recommendation: As a key responsibility, the community collaborative will actively revitalize and continuously develop the community so that services necessary for child and family well being are locally accessible, of high quality and serve to promote community interdependence, stability and growth.**

- ◆ **Lead Responsibility:** The Community Collaborative, State Agencies (i.e. DHS, Transportation, Housing, Economic Development, etc.), Chambers of Commerce; supported by Grants Management
- ◆ **Target Date to complete:** ongoing
- ◆ **Data needed to monitor:**
- ◆ **Resources needed:**
  - ✓ Staffing: RDS and CSS plus collaborative staff
  - ✓ Support for Grants Management Initiative (State level effort)
  - ✓ Services: RDS and CSS to begin mobilizing the community in all counties
  - ✓ Information Technology

Major Strategies (*describe specific/concrete activities-actions*)

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- ◆ Federal, state and private funding is identified and allocated for the ongoing development, revitalization and strengthening of communities, including affordable housing, transportation, resident skill development, employment opportunities and services that are culturally, linguistically and ability appropriate.
- ◆ Create political will that is sustainable and will hold firm to support communities.
- ◆ Residents are partners in the decision making, setting of standards and regulations that affect their communities.
- ◆ Business groups such as the Chamber of Commerce and service organizations will be included as part of the collaborative.
- ◆ Residents are recruited as resource families.
- ◆ A variety of services are offered in convenient, accessible locations (community hubs; “one-stop shopping” concept).
- ◆ Community hubs are developed in strategic locations, e.g. schools, strip malls, libraries, churches, etc.)
- ◆ Schools are open to the community before, during and after hours.
- ◆ Outreach and education of faith based leaders and educational providers happens on a regular basis.

**2. Issue: Establishment of Community Team and Family Decision making philosophy and practice.**

Findings about how things work now:

- ◆ Families and communities are generally not involved in the decision making and case planning process.
- ◆ Some areas have Family Group Conferencing and Child/Family Teams - but these are few and rarely used.
- ◆ Informal supports are not now generally identified and utilized to assist children and families

Proposed Direction – from Best Practices

- ◆ To involve birth families and community members, along with resource families, service providers and CPS agency staff, in all placement decisions, to ensure a network of support for the child and the adults who care for them.
- ◆ A group can be more effective in decision making than an individual.
- ◆ Families are the experts on themselves.
- ◆ When families are respectfully included in the decision making process, they are capable of identifying and participating in addressing their needs.
- ◆ Members of the family’s own community add value to the process by serving as natural allies to the family and experts on the community’s resources.



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**Recommendation: Establishment and institutionalization of the Team Decision Making Model will be used at all placement decision points and, the Family Group Conferencing Model to be used with all family planning decision points (e.g. Removal, change of placement, and reunification or other permanent plan.)**

- ◆ **Lead Responsibility:** All DYFS offices/collaboratives will develop the capacity to use and offer a team approach to all families. Contracts developed will reflect this process
- ◆ **Target Date to complete:** within 12 months from acceptance of plan
- ◆ **Data needed to monitor:** Information on each Family Team meeting should be gathered and linked to data on child and family outcomes in order to evaluate the team process and its effectiveness.
- ◆ **Resources needed:**
  - ✓ Staffing: Enough trained neutral facilitators for the team decision making and the family group conference meetings. They must be immediately accessible and should not be the case worker or immediate supervisor of the case.
  - ✓ Training: All staff and community collaborative partners will be trained in the methodologies of team decision making and family group conferencing
  - ✓ Adequate funding for team meetings, to include: training for facilitators, enough facilitators, funding for food and transportation for key players in these meetings.
  - ✓ Information Technology: A technology information system should be developed to record the data gathered on each Family Team Meeting and link it to data on child and family outcomes, in order to evaluate the TDM process and its effectiveness.

**Major Strategies (*describe specific/concrete activities-actions*)**

- ◆ A model of team decision making /meeting is established in every county, which includes the parents and the child.
- ◆ Team meetings are accessible, available and used by families.
- ◆ Formal and informal supports are present at team meetings.
- ◆ In non-emergent situations, team meetings are always used before any child enters out of home care or changes placement. In emergency removals, team meetings are scheduled within 24 hours of the removal.
- ◆ Family Group Conferencing can be used preventively before the family becomes known to the state CPS agency.

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- ◆ Children are fully informed of what is happening at the time of intervention (removal, placement etc) and should be part of the decision making process when age appropriate.
- ◆ Provide appropriate training for workers, members of the collaborative, community members, and agency representatives on relevant and local cultural/ethnic/language groups
- ◆ Workers/agencies/private providers recognize that it is part of their job to be knowledgeable of and engage in team meetings.
- ◆ Establish protocols which reduce barriers around agency confidentiality.
- ◆ State agency staff are trained in team meetings with the purpose of creating a cultural shift within the agency to be strength based and family focused. Community supports (both formal and informal) are valued and included.
- ◆ Community work is done to educate and engage the community about the Family Team meeting process so that the community will participate.
- ◆ Family Team meetings should be used for those transitioning out of hospitalization, residential treatment, foster care and juvenile justice facilities.

**3. Issue:**

**a. Create a State Level Child Serving Agency**

Findings about how things work now:

- ◆ Responsibility for children's services is scattered among many different divisions and departments resulting in unresolved "turf issues".
- ◆ Funding drives the mix of services not the needs of families and communities

Proposed Direction – from Best Practices

- ◆ Public system must be a partner with local community, working together to help children and families.

**Recommendation: Create a unified state level child serving agency that includes at least representation from multiple governmental agencies and could at most represent a consolidation of those agencies under one governing body.**

- ◆ **Lead Responsibility:** Office of Children Services and Children's Cabinet
- ◆ **Target Date to complete:** 24 months

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- ◆ **Data needed to monitor:** to be developed by the planning group
- ◆ **Resources needed:** A planning group will be created to identify a structure that supports the goals of community partnership.
  - ✓ Staffing: A staff person from Office of Children Services will be dedicated to this effort
  - ✓ Services: to be determined by the planning group
  - ✓ Information Technology: to be determined by the planning group

Major Strategies (describe specific/concrete activities-actions)

- ◆ Publicly funded services that address the well being of children in the context of family/environment are brought together in one public agency. This agency has as its mission: the integration of services that promotes the safety, permanency, and well being of children through building partnerships with families and communities.
  - ◆ State level funding of relevant governmental agencies is blended/coordinated and used to leverage additional federal and private monies.
  - ◆ A unified practice model and service delivery philosophy is developed.
  - ◆ Currently funded governmental and community programs are evaluated as to their effectiveness with a family outcome based criteria.
  - ◆ Staff of child serving agencies are cross trained with the community, the purpose of which is to create a cultural shift in the agency and overall child serving community of practice to be family focused and strength based.
  - ◆ Mental health, substance abuse, and domestic violence issues are recognized as critical and are included in all aspects of service delivery as appropriate.
  - ◆ Staff salaries and workload are structured so that talented people are attracted and maintained in the child welfare agency, community based agencies and the collaboratives.
- b. Develop a system of care for children that is responsive to the needs of families and holds providers, communities, and the state accountable.**

Findings about how things work now:

- ◆ Service provision is not focused on family outcomes.
- ◆ Inconsistencies in regard to service provision and accessibility.
- ◆ Children/families most in need are often rejected or ejected by service providers .
- ◆ Services are categorical, not flexible and do not wrap around the whole family.

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- ◆ Frequently providers with poor or unknown outcomes continue to be funded.

Proposed Direction – from Best Practices

- ◆ Services should “Fit the Family”
- ◆ Funding should be outcome driven
- ◆ There should be a philosophy of unconditional care

**Recommendation: Develop a community based system of care for children and families based on family centered outcomes, quality data collection and analysis, performance and information management.**

- ◆ **Lead Responsibility:** DHS
- ◆ **Target Date to complete:** 24 months
- ◆ **Data needed to monitor:** the identification of baseline data and those data elements not currently collected
- ◆ **Resources needed:**
  - ✓ Staffing: Technical assistants and consultants
  - ✓ Services: determined by consultants and TA
  - ✓ Information Technology: determined by consultants and TA

Major Strategies *(describe specific/concrete activities-actions)*

- ◆ Supports that are made available to the child and family are from community groups and are individualized: the support fits the family. Family and system outcomes reflect this.
- ◆ Establish family outcome based contracting system.
- ◆ Explore academic communities to provide the community collaborative with technical assistance in dealing with data.
- ◆ The state child serving agencies will help collaboratives establish baseline data.
- ◆ Create system outcomes based on family focused outcomes.
- ◆ Use outcomes/data to create an accountability loop for both the community and the state agency.
- ◆ Create participatory system for use of data in decision making in the collaborative/communities.
- ◆ Train state agency staff, managers and community partners on use of data and outcomes.
- ◆ All funded programs, community and governmental, are evaluated according to a set of outcomes and are held accountable to those outcomes. Evaluation tools will be developed by technical assistance consultants
- ◆ All funded programs agree to the basic principles adopted by the collaborative, which should include: team and family decision making,

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interagency coordination and partnerships, family centered outcomes, community based and accessible services, quality data collection, self-evaluation, and culturally, ethnically, linguistically and ability appropriate services.

- ◆ Create accurate and culturally appropriate risk and safety common assessment tools that are upgraded regularly and inform data collection..
- ◆ Community resources are developed and identified using geo-mapping, community asset maps and other data.
- ◆ Implement evidence based practice.

**c. Funding is locally driven yet held to measurable state level outcomes**

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- Contracts are awarded on the basis of collaboration with community agencies
- Contracts for services are managed based on outcomes and performance measures

**4. Issue: Create a continuum of services that enhances the prevention of child abuse and neglect and provides high quality support services in the community**

Findings about how things work now:

- ◆ No comprehensive policy regarding prevention
- ◆ No clear continuum of community based services are currently available

Proposed direction-from best practices

- ◆ Creation of community collaboratives to plan and implement local services that are strength based, family centered and delivered in a family friendly context.
- ◆ Services are determined by what the community needs but at a minimum must provide access to: substance abuse services, mental health services, domestic violence services and employment services.
- ◆ Cross-training of all participants and disciplines
- ◆ Collaboratives will have contracting and evaluation authority
- ◆ Informal resources will be identified and supported

**Recommendation: Create a continuum of high quality culturally, ethnically, linguistically and ability appropriate services within communities that will enhance the prevention of child abuse/neglect, support the well being of children and families, and promote the development of stable and interdependent communities.**

- ◆ **Lead responsibility:** the collaborative with technical assistance from DHS
- ◆ **Target date to complete:** ongoing
- ◆ **Data needed to monitor:** family outcomes; service gaps
- ◆ **Resources needed:**
  - ✓ staffing: collaborative and DHS staff
  - ✓ services: training in program evaluation for providers and staff
  - ✓ information technology: Data/MIS

Major Strategies:

- Support services for families are based in communities and designed to meet the families "where they are"

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- Family group conferencing and team meetings will be used preventively by the community collaborative.
- Services are individualized, holistic and wrap around to meet the needs of children and their adult family members
- Outstation services to where children and families are- in community, in schools, in-home (either through contract/Medicaid monies)
- Out stationed state agency child welfare workers will be placed in community collaboratives/hubs
- Human services are organized around community focused prevention and adequate funding for prevention services is received and located in community collaboratives
- Ensure that services are integrated and not presented as categorical
- Training and technical assistance is developed and delivered to parents, staff and providers addressing language, culture, ethnic and disability needs
- Funding is available for cross training of all systems, programs and practices including Family Team decision making meetings
- Development of flexible services based on local needs
- Identify technical assistance with infrastructure, resource development, and capacity building
- Identify lobbyists that can help sustain community collaboratives
- Development of flexible funding sources
- Community collaboratives provide local review of contracts/ agency feedback
- Substance abuse treatment is located in the community to facilitate family treatment models
- School based services for youth are expanded to every school
- Mentors are identified for resource families, youth, and parents.
- Development of "life learners" as community service delivery partners
- Community based and in-home health/mental health/substance abuse services are enhanced
- Parent education program address issues specific to various ethnic and language communities and to families where disability is an issue and are available through the community collaboratives.
- Community based health clinics are developed
- Develop means to value, recruit and retain community service providers
- Extensive public education campaign is launched

**5. Issue: Enroll educational districts and schools in service delivery activities**

Findings about how things work now:

- ◆ Schools do not consistently view parents and communities as partners.
- ◆ Schools are not accessible to the community in many areas

Proposed Direction- From Best Practice:

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- Have schools become full partners in community collaboratives
- ◆ **Lead Responsibility:** Community Collaborative
- ◆ **Target Date to Complete:** ongoing
- ◆ **Data to Monitor:** # of schools participating in collaborative
- ◆ **Resources needed:** none

**Recommendation: Engage educational districts and schools in a collaborative effort to plan comprehensive educational and service programs to enhance the academic and social well being of children within their communities.**

Major Strategies:

- Schools take on a community focus becoming natural hosts for service delivery
- Educational outcomes are tied to human service delivery outcomes as appropriate
- Support parents to advocate for their children/youth in schools; have trained community advocates available to assist parents in advocacy for children at school
- Data and information is shared between child serving agency/collaborative and schools
- Community collaborative include services for children who are home schooled and provides opportunities for connecting the parents together and with other social supports
- Child care centers are included in the collaboratives
- Child care centers and preschools have uniform training and policies on identifying and reporting child abuse/neglect
- Outreach to, educate and engage schools in community collaboratives and the model of team meetings

**6. Issue: All family units are viewed as resources to children including: biological, foster, adoptive, resource family members**

Findings about how things work now:

- Biological and foster parents rarely meet
- Community lacks appropriate locations for supervised visitation
- Local community is not aware of resource families or involved in supporting or recruiting them.

Proposed direction- from best practices:

- Children need to remain in their own communities



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- Develop more resource families in the community
- Maintaining family and community connections for children

**Recommendation: The community collaborative provides the hub for service and activities that promote family dialogue, decision making, preservation, reunification and continuity among all family members who are resources to their children including: biological, foster, adoptive and resource family members**

- ◆ **Lead responsibility:** Collaborative
- ◆ **Target date to complete:** 18 months
- ◆ **Data needed to monitor:** number of resource families recruited; number of children placed within the community; number of replacement episodes.
- ◆ **Resources needed:**
  - ✓ staffing: collaborative staffing including supervised visitation
  - ✓ services: local training on recruitment and support of resource families

Major Strategies:

- Identification of placement resources are made within the child's community and when possible with the child's input
- Parents have access and input into the assessment/determination process with their children
- Children and families have access to the collaboratives' resources at all points along the care continuum
- Intensive family/caregiver support services are available (prior to, during and after placement: similar to family preservation services model) and must include aftercare services especially to families with chronic needs
- Ensure the capacity to do TDM facilitation at possible removal/placement points
  - Supports are in place within 24 hours for parents who have had their children removed
  - A neutral and relaxed visitation space in the community is provided for family visitations
  - Culturally and linguistically appropriate parent education classes are available through the resources of the community collaborative
  - A consistent team of expert service providers, based in the community collaborative, is responsible for following and supporting the development of

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the child and family through their entire interaction with the child serving agency

- The community collaborative assists in the prevention of placement when possible, and when placement is deemed necessary, the collaborative assists in locating placement resources within the child's family or community; and further assists in supporting this child and family (both resource and biological families)

**7. Issue: Preparation for adulthood is provided to youth**

Findings about how things work now:

- Preparation for adulthood and independent living skills training is very inconsistent throughout the state
- Youth are not fully prepared before their case is closed from the child serving system
- There is no smooth transition for youth from the child serving system to the adult serving system

Proposed directions-best practices:

- Community takes an active role in supporting the transition of youth into adulthood- including housing, employment, education, appropriate social/recreation, and mentoring.

**Recommendation: a) Youth need community based, consistent supports to prepare them to transition into adulthood; b) Readiness for adulthood rather than age should be the criteria for closing the case.**

**Lead responsibility:** community collaborative and DHS

**Target date to complete:** a) 18 months b) 6 months

**Data needed to monitor:** number of youth with positive outcomes (youth connected with employment, housing, education, and other needed services).

**Resources needed:** none other than collaborative and DHS staff

Major Strategies:

- A commitment to serve adolescents is made by the community collaborative and the child serving agency
- Free post-secondary education is made available to all children aging out of foster care
- Affordable, safe housing in the local community is made available to all children aging out of foster care

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- Develop a way to measure independent living skills at/near the point of aging out and a way to follow up with those who need additional support
- Mentoring programs like Boys to Men are developed in communities
- Programs that address teen sexuality (pregnancy, health issues/STDs, HIV/AIDS. Etc.) are available in the community collaborative and school based centers
- Programs to address intimate partners violence among teens is developed
- Resources are provided in communities for youth development
- Leaders of recreational/educational/social support clubs/activities are engaged in training, community leadership and community collaborative activities
- Schools develop curriculum to foster independent life skills

**COMMUNITY PARTNERSHIP & RESOURCE DEVELOPMENT  
WORK GROUP REPORTS**

**V. *PARKING LOT ISSUES – ISSUES THE GROUP FELT WERE IMPORTANT  
BUT YET NEED TO BE ADDRESSED***

**Practice Group:**

- Create accurate and culturally appropriate risk and safety assessment tools.
- Implement evidence based practice.
- Ensure capacity to do Team (TDM) at possible removal/placement.
- Supports should be in place for parents who have had their children removed within 24 hours. Visitation should take place between parents and children within 48 hours; phone calls should be placed within 24 hours.
- Ensure that whenever there is identification of an issue/decision about risk, a comprehensive assessment is done - a team of experts is working collaboratively with child welfare staff.
- In non-emergency situations, team meetings are always used before any child enters or leaves out-of-home care.
- In emergency removals, team meetings are scheduled within 24 hours.
- Staff from the Collaborative can be child welfare staff's partner in all types of Team meetings.
- Staff recruitment: There is a cultural bias in exams and qualifications in academic and certification programs for those minority folks wanting to become professionals. This needs to be dealt with.

**Resource Family Group:**

- Change policy and procedure to expedite County/community/neighborhood foster and kinship care.
- Revise Parent's/Child's/Resource Family's Bill of Rights to include child maintaining a connection with family and friends.
- Create Life Book/Passports for children so they are able to affiliate with his/her past and present.
- Foster and biological parents are connected around the concerns of the child.
- Report from a Resource Families group, sent to Community Partnership workgroup: they feel no support for themselves when their foster kids transition. There is little recognition of them as families in loss.

***End of parking lot***

**COMMUNITY PARTNERSHIP & RESOURCE DEVELOPMENT  
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***Below are ideas that we had for work that could be done throughout the system while our first Collaboratives are being rolled out:***

1. Train all Child Welfare Staff in Team models.
2. Use the Practice Model, and build a capacity (facilitators, protocols, sites, etc.) for Team meetings in every venue.
3. RDSs and CSSs can work on community development throughout the state, readying them for Collaboratives.
4. Improve Data Collection/MIS as planned, with the values and ideas of partnerships informing all design.
5. Begin to map all assets and other needed information, using all state resources, such as Rutgers. Include the efforts of Law Enforcement and Community Affairs.

***Funding Suggestion:***

- \* Offer New Jersey citizens an opportunity to purchase motor vehicle license plates that promote Child Safety/Child Health similar to other consciousness issues.